SUBT: LOAP

ALABAMA DEPARTMENT OF REVENUE SALES, USE & BUSINESS TAX DIVISION

MOTOR FUELS SECTION

P. O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199

Application For An Alabama Lubricating Oils Permit

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

Under the provisions of Title 40, Chapter 17, Article 4, **Code of Alabama 1975**, I hereby make application for a permit to engage in the distribution, sale, withdrawal or use of lubricating oils in Alabama, subject to all the laws governing this privilege, and such rules and regulations as may be promulgated by the Alabama Department of Revenue. If granted a permit, I shall, for myself, or for any corporation or agency that I represent, comply with the lubricating oils excise tax laws in every particular.

APPLICANT'S NAME (AS WILL APPEAR ON PERM	ÑT)		
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		FEDERAL IDENTIFICATION NUMBER	
TELEPHONE NUMBER ()	CONTACT PERSON	E-MAIL ADDRESS	
Indicate legal structure:	vidually owned Partnership	☐ Corporation ☐ Other Ty	/pe
List below names, titles, social sec	urity numbers and legal addresses	of owner, partners or corporate offic	ers.
NAME	NAME	NAME	
TITLE	TITLE	TITLE	
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY N	iO.
ADDRESS	ADDRESS	ADDRESS	
Fail	COMPLETE THE REVERSE SID lure to answer all questions or pr se for the rejection of your applic	ovide the requested documents	it of Revenue.
	AFFIDA	VIT	
State			
	I,		
		(NAME OF PERSON MAKING AFFIDAVIT)	
the	of the	(NAME OF BUSINESS	
		·	
whose address issworn, depose and say upon oath	that the statement here submitted is	s full true and correct to the best of	, first being duly my knowledge and belief.
500000, dopodo a 11, 1, 1, 1, 1, 1		, i.a., i.a. a.i.a. a.i.a. a.i.a. a.i.a. a.i.a. a.i.a. a.i.a.	my momorage and a const
		SIGNATURE OF AF	FIANT
Subscribed and sworn to before me this the day of		, 20	
My commission expires	, 20	SIGNATURE OF NOTAF	RY PUBLIC
	OFFICE USE ONLY – APP	POVAL FOR REPMIT	
Permit will be issued upon approval by		NOVAL FOR PERIMIT	
MANAGER, MOTOR FU		EFFECTIVE DA	TE.
	Forms Needed LO	□ WOL □ LOX	

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Answer the following questions. If space is insufficient, attach a listing of the information requested. All attachments are made part of the application.

1.	Estimated quantity of lubricating oils to be distributed, sold, used or withdrawn from storage each month. gallons					
2.	List locations and capacities of all <u>current</u> storage facilities in Alabama.					
3.	Do you package products for future	distribution?				
4.	In which counties (or cities) in Alaba	ma will your facilities be located?				
5.	Will you sell lubricating oils to other v	wholesale distributors in Alabama?				
6.	6. Will all sales in Alabama be to the ultimate consumer?					
7.	Are you the initial wholesaler in Alab Yes No	pama?				
8.	List three business references with o	complete names, addresses and telephor	ne numbers.			
	1.	2.	3.			
-						
_	()	()	()			
9.	Are you registered with the Alabama Yes No	a Secretary of State?				
10.	Are you registered with the Alabama Yes No	a Department of Revenue, Franchise Tax	Section?			
11.	Department of Revenue?	n any organization(s) or person(s) the adicate the organization(s) or person(s).	at is/was permitted with the Alabama			
	i res i i vo il yes, ili	idicate the organization(s) of person(s).				

*NOTE: There is a 15¢ inspection fee on lubricating oils that is assessed by the Department of Agriculture & Industries. For more information contact: